STATE OF CALIFORNIA TO A VELL EXPENSE OF A IMA															
						nstructions and *Privacy ement on Reverse Side				Page	1	of		Pages	
CLAIMANT'S NAME						SSAN OR EMPLOYEE NUMBER*				DEPARTM	ENT				
Lloyd Throne							Community S						and Dovo	lonmont	
POSITION CB/ID NO				/ID NO.		DIVISION OR BUREAU				Community Services and Development INDEX NUMBER / PCA				iopinent	
Director						Executive						0100	2 50010		
	NCE ADDRE	<u>L.</u>			HEADQUARTERS ADDRESS					0100-50010 TELEPHONE NUMBER					
				ļ			700 North Touth Chrost								
CUV		STATE ZIP CODE			700 North Tenth Street						ZIP CO				
CITY			STATE ZIP CODE			Sacramento, CA					The second secon			11-0336	
(1) MONTH / YEAR (3)			(4)	(5)	MÉALS	1		(7)		TRANSPO	RTATION		(8)	(9)	
May-June 09 LOCATION					O.T., LT,	INCIDEN-	(A)	(B)	(C) Carfare,		D) Car Use	BUSINESS	TOTAL		
(2)	TIME	Where Expenses Were Incurred	LODGING	Break- fast	Lunch	N/C, Reio. or Dinner	TALS	Cost of Trans.	Type Used	Tolls, Parking	Miles	Amount	EXPENSE	EXPENSES FOR DAY	
DATE	ESIVIC,	welle alcurren	1	i iast	Lunch	I ST DADICE		1 mans.	Used	Farking	ivines	Amount		FORDAT	
5/1	0900-1200	Sacramento	ļ						PC	6.25	3	1.65		\$7.90	
5/6	1430-1700	Sacramento	<u> </u>						PC	10.00	3	1.65		\$11.65	
5/7	1430-1600	Sacramento	<u> </u>						PC	10.00	3	1.65		\$11.65	
5/13	1330-1500	Sacramento						<u> </u>	PC	10.00	3	1.65		\$11.65	
5/14	1000-1200	Sacramento							PC	10.00	З	1.65		\$11.65	
5/18	1400-1600	Sacramento							PC	10.00	3	1.65		\$11.65	
6/15	1400-1600	Sacramento							PC	7.50	3	1,65		\$9.15	
6/16	1000-1300	Sacramento							PC	4.50	3	1.65		\$6.15	
6/16	1600-1700	Sacramento							PC	3.00		0.00		\$3.00	
		· ·		ļ			'					0.00	,	\$0.00	
		·				<u></u>						0.00		\$0.00	
SUBTOTALS		0.00	0.00	0.00-	0.00	0.00	0.00		71.25	24	13.20	0.00	\$84.45		
COLUMN CODE (ACCTG, USE ONLY)							- 1								
		CLAIM TOTAL		· .					•				\$	84.45	
(11) PU	RPOSE OF TI	RIP, REMARKS AND DETAILS (Attach i					1 - 2 f					(12) NORI	MAL WORK H	OURS	
5-1-5-13-6-16-Budget Hearings 5-6, 5, 7, 5, 13, 5/14, 5/18 - LOST RECEIPTS 0800-1700															
5-6 - 5-14 - Meeting w/ Agency						RECEIVED					-	(13) PRIVATE VEHICLE LICENSE # A D I O S L T			
CSD										-	(14) MILEAGE RATE CLAIMED				
5-18 - 6-15 - Meeting w/ Director Social Services JUN 2 4 2009										0.550					
ACCOUNTING											AGENCY ACCOUNTING OFFICE				
(15) I	(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the											USE ONLY PAID BY REVOLVING FUND CHECK NUMBER			
State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, i certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safetyland seat book usage.															
CLAIMANT'S SIGNATURE : DATE (18) SIGNATURE : (18) SIGNATURE : (18) SIGNATURE :												DATE			
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE 9 (See Item 17 dn reverse)											DATE DATE				
>>						v									